124000422911



Office Use Only



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10/18/24--01007--021 **25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kimberly Poonai			
		Name of Person		
		Firm/Company		
	8649 Evening Drive			
	Sarasota/Florida/34241	Address		
		City/State and Zip Code		
	kmpoonai@gmail.com	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please ca			
Kimberly Poonai		941 465-0613 at ()		
Name of Person		Area Code Daytir	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 632	7	The Centre of	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A& A Rearty Consultants, LLC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	iled on 9/30/2024 and assigned
Florida document number L24000422911	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
A & A Realty Consultants, LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	202
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	Ç: ·
3. If amending the registered agent and/or registered office addres	s on our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	-
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cï	ty Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
		<u></u>	□ Add
			□Remove
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ffective date, if	other than the dat listed, the date must be s reserted in this block of we date on the Depart	specific and cannot does not meet the	be prior to date of fi e applicable statute	ling or more than 90	(optional) days after filing.) Pur nents, this date will	suant to 605.0207 not be listed as
Note: If the date in	·					
Note: If the date in document's effection	delayed effective dat	te, but not an effe	ective time, at 12:0	01 a.m. on the earl	lier of: (b) The 90	th day after the
Note: If the date in document's effective record specifies a d is filed.		202/		01 a.m. on the ear	lier of: (b) The 90	th day after the
Note: If the date in document's effective record specifies a d is filed.	delayed effective da	2024	4	Of a.m. on the earl		th day after the